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Emergency Department Visits After Use of a Drug Sold as "Bath Salts" — Michigan, November 13, 2010–March 31, 2011

On February 1, 2011, in response to multiple news reports, the Michigan Department of Community Health (MDCH) contacted the Children's Hospital of Michigan Poison Control Center (PCC) regarding any reports of illness in the state caused by the use of recreational designer drugs sold as "bath salts." Unlike traditional cosmetic bath salts, which are packaged and sold for adding to bath water for soaking and cleaning, the drugs sold as "bath salts" have no legitimate use for bathing and are intended for substance abuse. These products can contain stimulant compounds such as 3,4-methylenedioxypyrovalerone (MDPV) or 4-methylmethcathinone (mephedrone). The PCC told MDCH that, earlier in the day, the PCC had learned that numerous persons had visited the local emergency department (ED) in Marquette County with cardiovascular and neurologic signs of acute intoxication. This report summarizes the subsequent investigation, which identified 35 persons who had ingested, inhaled, or injected "bath salts" and visited a Michigan ED during November 13, 2010-March 31, 2011. Among the 35 patients, the most common signs and symptoms of toxicity were agitation (23 patients [66%]), tachycardia (22 [63%]), and delusions/hallucinations (14 [40%]). Seventeen patients were hospitalized, and one was dead upon arrival at the ED. The coordinated efforts of public health agencies, health-care providers, poison control centers, and law enforcement agencies enabled rapid identification of this emerging health problem. Mitigation of the problem required the execution of an emergency public health order to remove the toxic "bath salts" from the marketplace. Lessons from the Michigan experience could have relevance to other areas of the United States experiencing similar problems.

From November 2010 to January 2011, the Marquette County ED treated seven patients who arrived at the ED with hypertension, tachycardia, tremors, motor automatisms, mydriasis, delusions, and paranoia. Some patients were violent, placing increased demand on ED staff members. Responding to the cluster also placed additional demands on local law

enforcement and foster care, because many patients had young children who needed care while their parents were incapacitated. The patients reported using "bath salts" purchased at a local store for about \$20 a package and labeled "not intended for human consumption." By February 3, a total of 13 cases in Marquette County and one death had been reported to the PCC. Efforts by the local ED, law enforcement, and prosecuting attorney's office led to the execution of an emergency public health order on February 4 by the Marquette County Health Department. The proprietor of the store was ordered to immediately remove from sale and turn over to government authorities any and all products known as White Rush, Cloud Nine, Ivory Wave, Ocean Snow, Charge Plus, White Lightning, Scarface, Hurricane Charlie, Red Dove, White Dove, and Sextasy. The Michigan Department of State Police laboratory tested the White Rush seized from the store and detected the presence of MDPV.

Concurrently, the PCC became aware of two cases elsewhere in the state. On February 5, MDCH used its chemical poisoning regulations to mandate statewide reporting by hospitals of cases of possible "bath salts" intoxication so that cases could be identified and characterized. Health-care providers were notified via the Michigan Health Alert Network about new cases and the potential for severe physical and psychological effects of "bath salts" abuse, and were provided a standardized reporting form. The PCC was designated as an agent of the state so it could receive case reports directly, allowing for mandatory reporting 24 hours a day, 7 days a week. As part of the investigation, patient information for Marquette County cases occurring before mandatory reporting was abstracted from medical charts by a MDCH staff member. A case was defined in a person who visited a Michigan ED during November 13, 2010-March 31, 2011, after self-reported or suspected use of "bath salts" (traditional cosmetic bath salts were excluded), with cardiovascular, neurologic, or psychological signs or symptoms consistent with acute intoxication.



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TABLE. Demographic and clinical characteristics for 35 patients evaluated in emergency departments (EDs) after exposure to drugs sold as "bath salts" — Michigan, November 13, 2010 – March 31, 2011

as "bath saits" — Michigan, November	No.	(%)
Characteristic		
Sex	16	(46)
Women =	19	(54)
Men		
Age group (yrs)	22	(63)
20–29	5	(14)
30–39	6	(17)
40-49	2	(6)
≥50	_	
Exposure route*	22	(63)
Injected	9	(26)
Snorted	4	(11)
Ingested	5	(14)
Unknown	-	•
Additional drug use [†]	ା 10	(29)
Marijuana	8	(23)
Opiates	5	(14)
Benzodiazepines	4	(11)
Cocaine	2	(6)
Amphetamines	2	\- ,
Signs and symptoms	22	(66)
Agitation	23 22	(63)
Tachycardia	14	(40)
Delusions/hallucinations	10	(29)
Seizure/tremor	8	(23)
Hypertension	8	(23)
Drowsiness	7	(20)
Paranoia	7	(20)
Mydrlasis	′	(_0)
Disposition [§]	4.5	(43)
Treated in ED and released	15	(49)
Admitted	17	(3)
Dead upon arrival	1 2	(6)
Left against medical advice		(0)

^{*} Five patients reported two exposure routes.

different hospital for liver failure. The second patient was admitted to the hospital, discharged, and revisited the ED the same day of discharge after again using "bath salts." The third patient was treated in the ED twice, with the visits 1 month apart.

The investigation by MDCH and the PCC is continuing. As of May 16, 2011, a total of 71 emergency department visits by 65 patients who had used "bath salts" had been reported in Michigan since November 13, 2010.

Reported by

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What is already known on this topic?

Designer drugs sold as "bath saits" are available at "head shops, convenience stores, gas stations, and on the internet for recreational drug use.

What is added by this report?

This report is the first public health investigation of emergency department (ED) cases resulting from the use of "bath salts." A total of 35 patients were identified at Michigan EDs during November 13, 2010-March 31, 2011; 17 patients were hospitalized; and one died.

What are the implications for public health practice? Coordination between public health departments, poison control centers, health-care providers, and law enforcement is important for timely detection that will prevent further drug-related morbidity and mortality.

Editorial Note

Through March 22, 2011, poison control centers representing 45 states and the District of Columbia had reported receiving telephone calls related to "bath salts" in 2011 (1). By April 6, centers had already received five times more "bath salts" calls in 2011 than in 2010 (2). Although "bath salt" abuse has been documented nationwide, this report is the first to summarize the epidemiology of a number of ED cases. Of note in this investigation, nearly half the patients had a history of serious mental illness (e.g., bipolar disorder, schizophrenia, or depression) in their medical records, and 16 of 17 patients with known drug test results tested positive for drugs other than those in the "bath salts."

Drug overdose, including from designer drugs, continues to grow as a public health concern. Multistate investigations have been conducted as a result of exposure to nonpharmaceutical fentanyl (3), levamisole-contaminated cocaine (4), and opiates (5,6). Classes of designer drugs like "bath salts" are intended to have pharmacologic effects similar to controlled substances but to be chemically distinct from them, thus avoiding legal control. "Bath salts" for recreational use are sold at "head shops" and on the Internet with names such as Zoom and White Rush. These products also have been labeled as "plant food" and "pond water cleaner" and sold in ways to circumvent detection or enforcement. Some products are labeled as "novelty collector's items," despite additional, pharmaceutical-like labels that indicate dosage. Before "bath salts," synthetic marijuana (e.g., K2 or Spice) was sold legally in convenience stores and gas stations as "incense."

Designer drugs present an enforcement dilemma. Although MDPV and other chemical constituents of "bath salts" are not listed on state and federal controlled substances schedules, they could be included because of their structural similarity

[†] Seventeen patients had known drug test results.

⁵ Most severe disposition was chosen for three patients who revisited the ED.



Nine State Analysis of Hospital Reported "Bath Salts" Exposures

idren's Hospital of Michigan Regional Poison Center, Detroit MLUSA, Francia Poison Center, Indianapolis IN USA, Wisconsin Poison Center, Miwaukee Wit, USA, Minnesota son Center, Minneapolis MN USA, Minnois Poison Center, Chicago II, USA, "Cardanata Poison, Center, Cincinnata OH USA, "Kentucky Poison Center, Lexington KY USA, "Central" ndon Warrick MD1, Meredith Hill DO1, James Mowry PharmD2. David Gummin MD3, Deborah Anderson PhamD4, 5Michael Wahl MD, Robert Goetz PharmD⁶, Henry Spiller PharmD⁷, Marcel Casavant MD⁸ Ron Thomas PhD¹, Christopher Nezlek DO¹, Susan Smolinske PhamD¹



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Designer cellshorses sold as "buth safat", "novelly collector's harrs" or "priest food" produce psychostims elimatent effects by increasing sententin, nonphisphine and opportion. Neutronried, where has begun a dramatic increase in cases presenting to senergency departments. 1/10/00/1 1101

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Mephedrone Unknown Other

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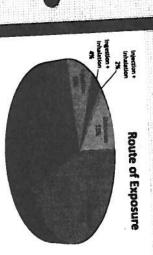
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Of the 1,418 cases reported to Pelson Contern, 1103 cases were from hospitals, with four deaths. The age ranged from 1,400 years of age with the mown, median, and mode of 29.2, 27, and 24 years of age, Middes comprised 68,3% of ceson.

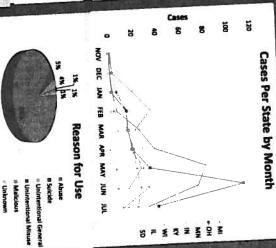


Metayana bi-MBDF MDPV MFA Lidocaine MDPBP Lidocaine MDPBP Lidocaine MDPBP Lidocaine MDPBP AMBC 2-BPMP AMPPP	White Rush White Lightning 33 Ivory Wave 13 Zoom 12 White House 11 MDPV 5
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Unknown	. 1	Death	Major	Moderate	Minor	No Effect	Medical Outcome	Ventilator	Other Sedation	IV fluids	Benzodiazepine		Fever	Electrolyte Abnormality	Mydriasis	Chest Pain	Tremor	Drowsy	CPK elevation	Confusion	Hypertension	Hallucinations	Tachycardia	Agitation	Obviori Effect
	16.4	0.4	6.0	2/./	1 0	. 60		6.6	13.7	38.0	54.8	Personal	2	9.9	2.00) è	3.6	120	19.3	15.3	3 5	44.9	54.6	Pencent

	2	Cocaine	Amphetamine	Benzodiazepines	Ethanol	Opiate	Marijuana	K2/ other herbal	
		5	5	24	3	5.2	6.8	9.6	
USA	ક	2	×	S	<u> </u>	M	Z	3	DESIGNATION OF THE PERSON NAMED IN
Sept-11	none	None	July-11	Juny-11	Jwy-11	July-11	June-11	March-11	STREET, SQUARE,



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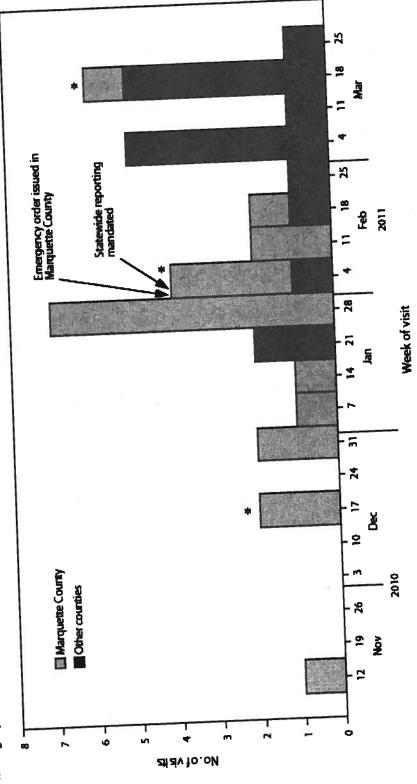
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What's in Bath Salts now?

- MDPV (White Rush, Speed Freak Ultra, Ivory Wave)
- Methylone (ecstasy, Ocean Snow)
- Ethylone (ecstasy)
- Pentylone (bk-MBDP)
- Ephedrone (4-MEC) (Speed Freak, Red Dove)
- PMMA (Mind Candy)
- MDPBP (Mind Candy) TFMPP (Vector Extreme Bliss)
- Caffeine (Vector Extreme Bliss)
- a-Pyrrolidinopentiophenone or a-PVP (Speed Freak, Mind Candy, Red Dove)
- 3',4'-Methylenedioxy-a-pyrrolidinopropiophenone (MDPPP) (Speed Freak, Red Dove)
- 4-methylephedrine (mephedrone precursor)
- Lidocaine (Ocean Snow)

	PMA	Hallucinogenic A 4 MTA 5-Me MDA MDMA
ъ.	MBZP MBZP MDBZP MeOPP PFPP PFPP	Hallucinogenic Ampheta Designer Piperazines 4 MTA BZP 5-Me MDA 2C-B-BZP MDMA DCPP
DOB DOC DOM TMA2 TMA6 MDAT	2C-G 2C-I 2C-I 2C-I 2C-I 2C-I 2C-I 2C-I 2C-I	Designer Phenethylami 2C-B 2C-C 2C-D
	5-MeO AMT 5-MeO DALT 5-MeO DIPT (foxy) 5-MeO MIPT alpha ethythyptamine AMT DIPT DPT	Designer Phenethylamin Designer Tryptamines PCP 2C-B 4-acetoxy DiPT 3-Me 2C-C 4-HO MET 4-Me 4-HO MiPT Dixx
	Methoxetamine (MXE) PCE PCPr Rolicyclidine Tenocyclidine	homologs O PCE O PCP O PCP
		Designer opioids alpha methyl fenta para fluorofentany 3-methylfentanyl Desmethyltramad

FIGURE. Number of patient visits to emergency departments (N = 38) after exposure to drugs sold as "bath salts," by county and week of visit — Michigan, November 13, 2010–March 31, 2011



* Second emergency department visit by patient.

Handout 3